

ISSUE
JUL

8 2002

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager for your state, who will ask for the information noted below.

CPSC 8(b)(1) CLEARED for PUBLIC

Date of accident 4/22/02

Date of Death 4/22/02

NO MFRS/PRVT. BLS OR
PRODUCTS IDENTIFIED

Type of consumer product involved Bumper pads on crib

EXCEPTED BY: PETITION
RULEMAKING ADMIN. PRCDG

WITH PORTIONS REMOVED:

Manufacturer, Model, Brand name, and Serial No. of product Unknown

Is product available for examination? ☐ Yes ☐ No. If Yes, where? Unknown

Cause of Death: Asphyxia due to positional crib accident

Location of Accident: City Fitchburg State WI 53711

Brief description of accident sequence: (Please include the AGE and SEX of the VICTIM(S))
A four month old male was fed 2oz of formula and put down for a nap in a crib

crosswise with his twin sister next to him. The victim was put on his stomach to sleep
as directed by the doctor. After three hours, the mother checked on the victim and

found him wedged between the bumper pad and his sister. He was lying on his
stomach, his face was blue and there was blood coming from his nose.

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident.

Medical Examiner's/Coroner's Case No. 02-0634 Telephone No. 608-284-6000

Reporter's Name Rosemary Perrizo Date Reported 7/5/02

Reporter's Off. (incl. City, county, & state) CPSC - Milwaukee, WI

Medical Examiner's/Coroner's Name John Stanley, Coroner

For processing at CPSC:

Report received by: _____

Chief Med. Exam. Rpt ()
Regular MECAP ()

Copy for MECAP News ()
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